

**BY ORDER OF THE
SUPERINTENDENT**

**HQ UNITED STATES AIR FORCE
ACADEMY INSTRUCTION 41-102**

10 SEPTEMBER 2013

Health Services

**INSTALLATION EMERGENCY MEDICAL
STANDBY SUPPORT (EMSS)**



COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This instruction implements Air Force Policy Directive (AFPD) 41-1, *Health Care Programs and Resources*, 15 April 1994. It establishes policy for emergency medical standby services, structure, staffing, management oversight, utilization, functional control, and healthcare standards for Department of Defense (DoD), United States Air Force (USAF) and/or United States Air Force Academy (USAFA)-approved events. It sets the standards for the minimum required staffing, skill level and onsite capabilities based on event risk, forecasted attendance, environmental and security threat. The scope of this instruction is to minimize injury/illness, prevent additional injuries/illness, aid in rescue, provide first aid and assess evacuation needs. This instruction should be used with current editions of the Accreditation Association for Ambulatory Health Care manual and published standards of Sport Medicine, National Collegiate Athletic Association (NCAA) Division 1 directives, National Registry of Emergency Medical Technicians and other national professional organizations as appropriate. This instruction applies to all active duty Air Force, Air Force Reserve, Air National Guard, USAFA Cadets and civilian medical components when and where USAFA event activities are performed. The instruction supports other approved Operational Plans, Operational Orders, Medical Contingency Response Plan (MCRP), NCAA Division athletic healthcare directives or USAFA Command Surgeon (USAFA/SG) clinical judgment. This instruction provides a framework for reviewing and revising Operational Plans and Operational Orders requiring emergency medical standby support. This instruction is the recommended guidance for all events including Operational Plans and Operational Orders and should be considered the medical support plan for all emergency medical standby support. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using Air Force (AF) Form 847, *Recommendation for Change of Publication*. Ensure that all records created as a result of

processes prescribed in this publication are maintained in accordance with AF Manual (AFMAN) 33-363, *Management of Records*, and are disposed of in accordance with the

Armed Forces Research Institute of Medical Sciences (AFRIMS) Records Disposition Schedule (RDS).

SUMMARY OF CHANGES

This instruction has been renumbered from United States Air Force Academy Instruction (USAF AI) 41-202 to USAFAI 41-102 to align with the implementing Air Force Policy Directive (AFPD) and a section for “On Field Physician Coverage for Competing Athletes” was added.

1. Responsibilities. The USAFA/SG is responsible for ensuring appropriate medical support for all USAFA and 10th Air Base Wing (10 ABW)-sponsored events based on their risk category. USAFA/SG will review and approve procured medical support purchased or acquired by Non-Department of Defense (Non-DoD) agencies for events occurring on USAFA with the exception of those events coordinated by and for the District 20 School System. Support may come from the 10th Medical Group (10 MDG), Cadet Emergency Medical Technicians (Cadet EMTs), American Medical Response (AMR) contracted Ambulance Service and/or via contract from the agency sponsoring the event.

1.1. USAFA/SG delegates review and approval to the 10th Medical Group Chief of Staff (USAFA/SGH) or 10th Medical Group Chief of Aerospace Medicine (USAFA/SGP) in his/her absence.

1.2. USAFA/SG appoints an Emergency Medical Technician (EMT) Director and an Emergency Response Coordinator (ERC) in writing.

1.2.1. The EMT Director is responsible for ensuring Cadet EMTs involved in providing medical support at USAFA events are trained, certified, and practice within the National Registry of Emergency Medical Technician’s scope of practice. The Director will also ensure that USAFA event coverage requiring Cadet EMTs has been validated with this instruction and approved by the USAFA/SG or designee.

1.3. USAFA agencies requesting emergency medical standby support for events held on base will coordinate directly with the ERC. The ERC will review the request and determine the required emergency medical standby coverage based on the risk assessment matrix (Figure 1) contained in this instruction with the exception of events sponsored by the District 20 School System.

1.4. Non-DoD agencies will be required to procure emergency medical standby support for their events in accordance with USAFA/SG event risk assessment (Figure 1) and USAFA/SG emergency medical standby support manpower matrix (Figure 2). USAFA/SG reserves the right to review license, certifications and contracts of all procured emergency medical standby support by Non-DoD agencies holding events on USAFA.

2. Risk-based Emergency Medical Standby Support for Audience/Spectators. All events must be approved and coordinated by 10 Air Base Wing/Plans/Programs (ABW/XP). Medical support is based on the risk to the event spectator. Medical support for the athlete is an independent medical assessment and is addressed in paragraph 3 of this instruction. USAFA/SG

is the approving authority for medical support for any event on USAFA. USAFA/SG is the final approving authority to modify the number of medical staff required and type (AFSC) required at said events.

2.1. Risk assessment is based on three areas: spectator demeanor, crowd size and event environment. Spectator demeanor is the single largest part of the assessment accounting for more than 50% of the risk assessment and produces the greatest number of medical calls. Overall crowd size with consideration of event durations is displayed in the USAFA/SG event risk assessment matrix (Figure 1). The last determining factor is the event environment that encompasses the weather, terrain and altitude. These three areas combined will determine the risk assessment as HIGH, MODERATE or LOW. At his/her discretion, USAFA/SG may consider historical injury/illness data to determine the risk level of an event.

2.2. HIGH RISK – High risk spectator event is UNLIKELY on USAFA as it is not usually within acceptable USAF standards and/or behavior. EXAMPLES: Events that are alcohol centered such as Oktoberfest; protests sponsored by hate groups with the intent to riot; activities with extreme sexual overtones or events with a known history of associated drug use or causing injuries such as rock concerts with “mosh pits” or motorcycle races.

2.2.1. If an event is approved and the assessment is of a high risk, the USAFA/SG will determine the medical footprint. It is likely that USAFA/SG will require direct assistance from other base agencies to assure that medical response can be delivered safely, effectively and within acceptable guidelines. EXAMPLE: Armed security teams and Fire Rescue units. Upon request from the USAFA/SG, these units would provide assistance to the medical response teams and would respond with the medics to every medical assistance request.

2.3. MODERATE RISK – These events are those with large groups (greater than 1,000 attendees) that are not in a seated venue, or large groups that are exposed to extreme weather (greater than 85 degrees or less than 40 degrees) for the duration of the event, seated or non-seated. This would include large groups that will require transportation to multiple venues or walking more than 2 miles to the next venue site. Also included are large citizen sporting events (non-athlete, greater than 1,000 attendees) like 5K/10K runs for charity. Lastly, this category includes groups that have approved Distinguished Visitor (DV) status or sensitive overtones. EXAMPLES: Some football games held at Falcon Stadium during inclement weather, Parents’ Weekend, or other outdoor mass assemblies.

2.4. LOW RISK – These events have greater than 2,500 attendees that are seated and/or indoors. For outdoor seated events, if weather is less than 85 degrees or more than 40 degrees for the duration of the event it will be considered LOW RISK. Groups (greater than 2,500 attendees) that are at a single venue and walking less than 2 miles would also be LOW RISK. EXAMPLES: Family concerts or indoor sporting events, unit events under command and control of a squadron commander or military conferences and/or educational gatherings. This category would include most football games based on projected attendance and weather.

Figure 1. USAFA/SG Event Risk Assessment Matrix.

USAFA/SG EVENT RISK ASSESSMENT MATRIX			
SPECTATOR Demeanor	ATTENDANCE RANGE	ENVIRONMENTAL	OVERALL ASSESSMENT
ALCOHOL CENTERED- (Octoberfest)	NON-APPLICABLE	NON-APPLICABLE	HIGH RISK
PROTEST BY HATE GROUPS			REVIEW BY USAFA/SG
EVENT WITH DRUG THEMES			REQUIRED
SOME SPORTING EVENTS	1,000 TO 100,000	TEMP GREATER 85	MODERATE RISK
PARENTS WEEKEND	NOT SEATED	TEMP LESS THAN 40	SEE THE EMERGENCY MEDICAL
MASS ASSEMBLIES	MULTIPLE VENUES	WALKING MORE 2 MILES	STANDBY SUPPORT MANPOWER
CONTROLLED ALCOHOL SERVING			MATRIX FOR MANPOWER REQ'S
FAMILY CONCERTS	2,500 TO 100,000	TEMP LESS 85	LOW RISK
CONFERENCES	SEATED EVENTS	TEMP MORE THAN 40	SEE THE EMERGENCY MEDICAL
COMMANDER CONTROL	SINGLE VENUE	WALKING LESS 2 MILES	STANDBY SUPPORT MANPOWER
			MATRIX FOR MANPOWER REQ'S

3. Risk-based Emergency Medical Standby Support for Participating Athletes. The USAFA Athletic Department (AD) will provide a National Athletic Trainers' Association (NATA) Certified Athletic Trainer (CAT) to cover the designated athletic home events. A 10 MDG provider may assist the CAT in athletic event medical coverage upon the request of AD.

3.1. At the request of AD, USAFA/SG will review the need for on-scene contract ambulance coverage for high-risk sports. Beyond ambulance support, the USAFA/SG will not provide any additional medical support for USAFA intercollegiate athletes unless specifically requested by AD. The sports listed below in paragraph 3.2 have been designated high risk based on the NCAA 2005-2006 Sports Medicine Handbook.

3.1.1. AD will coordinate ambulance support for all High Risk Sports through the 10 MDG Events Coordinator. Any additional provider support requests for High Risk Sports will also be coordinated through the 10 MDG Events Coordinator. For any cancellation or changes of events after duty hours AD should contact AMR On-Duty supervisor at (719) 636-2333.

3.1.2. Special Events, such as, but not limited to ABW and CW formations, changes of command, graduation, parades, basic cadet training, etcetera, will be applied to the risk assessment and support manpower matrices to determine appropriate medical coverage.

3.2. High Risk Intercollegiate Sports

3.2.1. Fall Sports

3.2.1.1. Football (Men's) Varsity

3.2.1.2. Football (Men's) Junior Varsity

3.2.1.3. Football (Men's) Prep School

3.2.2. Winter Sports

3.2.2.1. Hockey (Men's)

- 3.2.2.2. Wrestling (Men's)
- 3.2.2.3. Boxing (Men's)
- 3.2.3. Spring Sports
 - 3.2.3.1. Lacrosse (Men's)
- 3.2.4. Summer Sports
 - 3.2.4.1. No scheduled NCAA events
- 3.3. High Risk Club Sports
 - 3.3.1. AMR ambulance service will supply ambulance coverage for all home matches of High Risk Club Sports as designated below. The Coach or Team Officer in Charge (OIC) will coordinate with the 10 MDG Events Coordinator for scheduling ambulance support. For any cancellation or changes of events after duty hours AD should contact AMR On Duty supervisor at (719) 636-2333.
 - 3.3.1.1. Fall and Spring Club Sports
 - 3.3.1.1.1. Men's and Women's Rugby

4. Emergency Medical Standby Support Manpower Requirements. Based upon the assigned risk category (HIGH/MODERATE/LOW) the USAFA/SG will determine medical emergency standby support manpower requirements. USAFA/SG will designate the required command and control staff, ambulance, physician and physician extender, nurse and EMT requirements. See Figure 2. USAFA/SG Emergency Medical Standby Support Manpower Matrix.

Figure 2. USAFA/SG Emergency Medical Standby Support Manpower Matrix.

HIGH RISK - medical support determined by USAFA/SG						
MOD RISK						
	EMTS/4N0	IDMT/PA/RN	AMR	MD	C2	TOTAL
			2 EMTP			
Under 1,000	SG Review	SG Review	SG Review	SG Review	SG Review	
1,001 to 2,500	0	0	1	0	0	2
2,501 to 5,000	4	1	1	0	0	7
5,001 to 10,000	4	2	1	0	2	10
10,001 to 25,000	4	2	2	1	2	13
25,001 to 50,000	6	3	2	2	2	17
50,001 to 100,000	6	3	3	2	3	20
Greater 100,000	SG Review	SG Review	SG Review	SG Review	SG Review	
LOW RISK						
	EMTS/4N0	IDMT/PA/RN	AMR	MD	C2	TOTAL
			2 EMTP			
Under 2,500	SG Review	SG Review	SG Review	SG Review	SG Review	
2,501 to 5,000	0	0	1	0	0	2
5,001 to 10,000	2	1	1	0	2	7
10,001 to 25,000	2	1	1	1	2	8
25,001 to 50,000	4	2	1	1	2	11
50,001 to 100,000	4	2	2	2	2	14
Greater 100,000	SG Review	SG Review	SG Review	SG Review	SG Review	

5. Emergency Medical Standby Support Requirements Beyond Capability of 10 MDG. Cost of medical support that is directed by USAFA/SG for the health and safety of spectators that is beyond the 10 MDG's capabilities is paid by the event sponsor. 10 MDG support for said events is based on surge or excess capacity and does not override other mission requirements.

6. Competent Medical Authority. All medical care rendered during events will be assessed by a competent medical authority. The 10th Aerospace Medicine Squadron (10 AMDS) Cadet EMT Medical Director will be the competent medical authority for Cadet EMTs. The 10 MDG/SGH or SGP will be the competent medical authority for all others.

6.1. The USAFA/SG has the right to approve or disapprove all emergency medical standby support procured by USAFA agencies when requirements exceed 10 MDG capabilities. The USAFA/SG may also disapprove any medical support procured by Non-DoD agencies when the support is not deemed adequate or licensure and certification are not current or not provided for review.

7. On Field Physician Coverage for Competing Athletes.

7.1. On field coverage for NCAA events will be provided by a core of USAFA Team Physicians and Training Room staff. This group of medical providers will be dedicated to provide care for the competing athletes in accordance with NCAA guidelines. Guidance regarding events requiring onsite physician and Athletic Trainer coverage are provided in the NCAA Handbook, and NATA statement “Recommendations and Guidelines for Appropriate Medical Coverage of Intercollegiate Athletics”.

7.2. A core of team physicians will be designated and appointed by USAFA/SG with the principal responsibility for treating and coordinating the medical care of the intercollegiate athletes.

7.3. Team physicians will be selected in accordance with the Team Physician Consensus Statement (AAFP, AAOS, ACSM, AMSSM, AOSSM, AOASM).

7.3.1. Team Physician Consensus Statement: The principal responsibility of the team physician is to provide for the well-being of individual athletes – enabling each to realize his/her full potential. The team physician should possess special proficiency in the care of musculoskeletal injuries and medical conditions encountered in sports. The team physician also must actively integrate medical expertise with other healthcare providers, including medical specialists, athletic trainers and allied health professionals. The team physician must ultimately assume responsibility within the team structure for making medical decisions that affect the athlete’s safe participation.

7.3.2. Team Physician selection requirements are detailed in the Team Physician Consensus Statement and include specifically: Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO) in good standing with an unrestricted license to practice medicine, possess a fundamental knowledge of emergency care regarding sporting events, be trained in Cardiopulmonary Resuscitation (CPR), have working knowledge of trauma, musculoskeletal injuries and medical conditions affecting the athlete, specialty board certification, formal training in sports medicine during orthopedic residency or formal fellowship training in sports medicine. Currently this includes orthopedic surgeons and Sports Fellowship trained Primary Care providers assigned to the 10 MDG.

7.4. A Head Team Physician will be selected from the core group of team physicians and appointed by USAFA/SG. Selection criteria for Head Team Physician include Fellowship training in Sports Medicine and experience as fellowship trained sports medicine provider.

7.4.1. The Head Team Physician will provide oversight to the core of team physicians as well as function as the primary liaison between the AD training room staff and the team physicians. He/She will also be responsible for assigning the team physicians responsibilities including team responsibilities and event coverage.

TIMOTHY D. BALLARD, Col, USAF, MC, CFS
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Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

AFMAN 33-363, *Management of Records*, 1 March 2008

AFPD 41-1, *Health Care Programs and Resources*, 15 April 1994

Adopted Forms

AF Form 847, *Recommendation for Change of Publication*, 22 September 2009

Abbreviations and Acronyms

10 ABW/XP—10th Air Base Wing/Plans/Programs

10 AMDS—10th Aerospace Medicine Squadron

10 MDG—10th Medical Group

AAFP—American Academy of Family Physicians

AAOS—American Academy of Orthopedic Surgeons

ACSM—American College of Sports Medicine

AD—Athletic Department

AF—Air Force

AFMAN—Air Force Manual

AFPD—Air Force Policy Directive

AFRIMS—Armed Forces Research Institute of Medical Sciences

AMR—American Medical Response

AMSSM—American Medical Society for Sports Medicine

AOASM—American Osteopathic Academy of Sports Medicine

AOSSM—American Orthopedic Society for Sports Medicine

ATC—Athletic Trainer

CAT—Certified Athletic Trainer

CPR—Cardiopulmonary Resuscitation

DO—Doctor of Osteopathic Medicine

DoD—Department of Defense

DV—Distinguished Visitor

EMT—Emergency Medical Technician

ERC—Emergency Response Coordinator

MCRP—Medical Contingency Response Plan

MD—Doctor of Medicine

NATA—National Athletic Trainers' Association

NCAA—National Collegiate Athletic Association

NonDoD—Non Department of Defense

OIC—Officer in Charge

OPR—Office of Primary Responsibility

RDS—Records Disposition Schedule

SG—Surgeon General

SGH—Chief of Staff

SGP—Chief of Aerospace Medicine

USAFA—United States Air Force Academy

USAF—United States Air Force